

No. 22-_____

IN THE SUPREME COURT OF THE UNITED STATES

ARRON LAWSON,
Petitioner

v.

STATE OF OHIO,
Respondent

MOTION FOR LEAVE TO PROCEED IN *FORMA PAUPERIS*

The Petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

The Petitioner has **not** previously been granted leave to proceed in *forma pauperis* in any other court. He was found indigent at every level of Ohio Courts and qualified for appointed counsel.

Petitioner's affidavit or declaration **is** attached hereto

/s/Arron Lawson
By and through:
/s/ Robert A. Dixon (Oh 0022466)
4403 St. Clair Ave.
Cleveland, Ohio 44103
Dixonlaws@aol.com
216-432-1992
Counsel of Record

No. 22-_____

IN THE SUPREME COURT OF THE UNITED STATES

ARRON LAWSON,
Petitioner

v.

STATE OF OHIO,
Respondent

ON PETITION FOR WRIT OF CERTIORARI TO
THE SIXTH CIRCUIT COURT OF APPEALS

PROOF OF SERVICE

I hereby certify that a copy of the foregoing Motion for Leave To Proceed in *Forma Paupers* was served by regular U.S. mail postage pre-paid to Brigham M. Anderson, Lawrence County Ohio Prosecuting Attorney at 408 Park Ave. P.O. Box 712 Ironton, Ohio 45638 and upon Stephen E. Maher and Margaret S. Moore, Special Assistant Prosecuting Attorneys at the office of The Ohio Attorney General at 150 East Gay St., 16th Floor Columbus, Ohio 43215 this 5th day of January, 2022.

/s/ Robert A. Dixon
Attorney at Law
4403 St. Clair Ave.
Cleveland, Ohio, 44103
Dixonlaws@aol.com
*counsel of record for
Petitioner Arron Lawson

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Aaron L. Lawson — PETITIONER
(Your Name)

VS.

State of Ohio — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

Ohio Supreme Court Case No. 2019-0487

Petitioner has not previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____, or _____

a copy of the order of appointment is appended.

Aaron L. Lawson
(Signature)

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Ann Lawson, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Child Support	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>State Pay</u>	\$ <u>18</u>	\$ <u>0</u>	\$ <u>18</u>	\$ <u>0</u>
Total monthly income:	\$ <u>18</u>	\$ <u>0</u>	\$ <u>18</u>	\$ <u>0</u>

Incarcerated for past two years.

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____

I Have No Spouse.

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____

I have no money in BofK.

4. How much cash do you and your spouse have? \$_____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
_____	\$_____	\$_____
_____	\$_____	\$_____
_____	\$_____	\$_____

I own no assets.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home Value _____ Other real estate Value _____

Motor Vehicle #1 Year, make & model _____ Motor Vehicle #2 Year, make & model _____
Value _____ Value _____

Other assets Description _____
Value _____

No one owes me money

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>None</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I have no kids

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>None</u>	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$_____	\$_____
Recreation, entertainment, newspapers, magazines, etc.	\$_____	\$_____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$_____	\$_____
Life	\$_____	\$_____
Health	\$_____	\$_____
Motor Vehicle	\$_____	\$_____
Other: _____	\$_____	\$_____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$_____	\$_____
Installment payments		
Motor Vehicle	\$_____	\$_____
Credit card(s)	\$_____	\$_____
Department store(s)	\$_____	\$_____
Other: _____	\$_____	\$_____
Alimony, maintenance, and support paid to others	\$_____	\$_____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$_____	\$_____
Other (specify): _____	\$_____	\$_____
Total monthly expenses:	\$_____	\$_____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid - or will you be paying - an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am indigent and have no money to pay the costs.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: 12-28-, 2021

Baron Lawrence
(Signature)